

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09802709 FILING DATE 03-13-01
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		1				
3	X	X				
4						
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40						
41		1				
42						
43						
44						
45						
46	1					
47						
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1	2				
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS						
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